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AUTHOR Trent, James R.; And Others
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ABSTRACT

While previous research has provided varied findings about the effect of religion on people and society, no final conclusion has been drawn about the effect (either positive or negative) of religion on personal mental health. For this research project on how people with different levels of religiousness would score on the Minnnesota Multiphasic Personality Inventory (MMPI), 62 Florida college students, with a median age of 21, completed the MMPI (50 usable inventories were produced). The subjects then rated and rank ordered eight values (leisure, friends, financial security, power, social recognition, religion, career, and family). Based on the rank of religion in the hierarchy, subjects were divided into three levels of religiousness: high, N=23; moderate, N=11; and low, N=16. An analysis of the results showed no more psychopathology among high religious students than among low religious students. Only on the depression scale did high religious students score significantly lower than the moderate and low religious students. While it cannot be automatically inferred that low religious people are more depressed, the findings suggest the presence of several variables which appear to boost morale and self esteem in high religious people. (BL)

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Religious Orientation and Mental Health Measured by the Minnesota Multiphasic Personality Inventory

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James R. Trent, John W. Keller
and Chris Piotrowski
University of West Florida

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INTRODUCTION

Religion exerts a powerful influence upon people and society. This influence is regarded as positive by some theorists (Allport, 1957; Frankl, 1967; Jung, 1938) and negative by others (Freud, 1953; Jones, 1923; Reik, 1951).

Previous reports have associated religious people (identified in terms of orthodox beliefs and conventional religious observances) as having more prejudice, rigidity, suspicion, and general personal immaturity than nonreligious people (Adorno, Frenkel-Brunswick, Levinson, & Sanford, 1950; Blum & Mann, 1960; Gregory, 1957; Khanna, 1956; Stark, 1963). Allport (1957, 1965, 1968) has protested by arguing that as a component of personality related to personal well-being, the critical issue is the nature of one's involvement with religion, rather than a complex orthodoxy of beliefs.

Allport (1968) developed the Religious Orientation Inventory (ROI) as a means of assessing the nature of religious involvement. Focusing on an extrinsic-intrinsic continuum, Allport assumed that the extrinsic orientation characterizes the immature person who tends to use religion instrumentally, while intrinsic orientation is found in the more mature person, the one committed to religious values

as ultimates. Extrinsic religious-oriented people may find their religion useful in a variety of ways, e.g., to provide security and comfort, sociability and distraction, or status and justification. These people basically do not take religion seriously and frequently allow nonreligious needs to take precedence. Conversely, intrinsic religious-oriented people perceive the need to live in faithfulness to their religious commitment as their central motive. Intrinsic religious-oriented people seek to live their religion in the sense that they endeavor to internalize religious values and to follow them fully. Allport believed that this kind of intrinsic religious involvement serves as a unifier of personality, and contributes to the well-being of the person (McClain, 1978).

Other researchers have used Allport's Religious Orientation Inventory. Hamby (1973) studied 275 educational psychology students. Each subject was categorized as intrinsically religious, indiscriminately proreligious, extrinsically religious, or nonreligious. Results indicated, in general, that the intrinsically religious tended to be persons who were trusting, positive in their concept of self and others, intelligent, and insightful. They tended to assume responsibilities and to work hard at a task until it was completed. They also tended to be concerned with interpersonal relationships, to conform to social custom,

and to be willing to control their impulses out of regard for others. The nonreligious tended to be persons who were suspicious, autonomous, unconventional, aggressive, and competitive. They tended to act out their impulses and disregard rules. Different results, however, were reported by Brown (1974). Brown's groups were formed on the basis of random sequence selection from membership roles of churches and synagogues. Religious nonaffiliated and nonreligious nonaffiliated subjects were nominated by Brown's friends or selected from upper division sociology classes. Results indicated that the Jewish group was significantly more extrinsic than the other groups, while the Protestants were more intrinsic and the Catholics more indiscriminately proreligious (having both extrinsic and intrinsic qualities). The majority of religious nonaffiliated were as extrinsic as the Jewish group. Brown concluded that his study did not substantiate Allport's thesis that sound mental health will vary according to the degree that adherents of any faith are intrinsic in their interpretation and living of their faith.

Breed and Fagan (1972) also concluded that persons with low adherence to conventional religious beliefs are more likely to have peak experiences than those with moderate or high adherence. Wiebe and Fleck (1980) concluded that nonreligious subjects seem to be less neurotic than religious subjects.

Allport has also stated that intrinsic religion tends to increase one's purpose in life, as measured by Crumbaugh's Purpose in Life Test, in contrast to extrinsic religion. This basic hypothesis has been supported by others (Bolt, 1975; Hadaway, 1978; Soderstrom & Wright, 1977).

Religiosity (excessive religion) should be distinguished from religion. Of course, what constitutes excessive religion is obviously subjective. Field and Wilderson (1973) define religiosity as a "morbid concern for religion." They claim that religiosity reveals a basic disturbance in personality, although they do state that a personality crisis in which religion plays a significant part may result in positive and creative growth. Ahmad (1973) also found religiosity to be a positive correlate of rigidity and anxiety. Both religiosity and/or religion seem to correlate with those who are less self-actualizing than their counterparts (Brown, 1974; Graff & Ladd, 1971; Hjelle, 1975).

Some writers make little or no distinction between religion and religiosity. Jolish (1978) investigated Ellis' assertions regarding the relationship between religiosity and positive mental health. Jolish hypothesized that the more religious a person is, the more likely he/she is to hold irrational beliefs. Also, the more irrational beliefs a person holds, the more likely that person is neurotic. This hypothesis was not supported using a sample of American Jews. Dunn (1970) showed a definite relationship between

religiosity and the positive development of personality, but then explained the results in terms of religion, instead of religiosity.

No final conclusion can be drawn as to the affect (either positive or negative) of religion on personal mental health. The purpose of the current study is to collect additional data by comparing levels of religiousness with scores from the Minnesota Multiphasic Personality Inventory (MMPI).

Bohrnstedt, Borgatta, & Evans (1968) compared the MMPI scores of Catholics, Protestants, and Jews with each other and with those of no religious identification (NRI). For both the males and females the greatest differences among the religious groupings occurred for Masculinity-femininity (Mf), with Jews and NRI's scoring most "feminine."

Using the MMPI, Mayo, Puryear, & Richek (1969) stated that religious males were significantly less depressed, less schizophrenic, and less psychopathic deviant than nonreligious males. Only one difference emerged between the female groups; nonreligious females were found to score higher on the Ego Strength scale than the religious females. According to Richek (1971), the MMPI revealed that religiousness and mental health were positively related in male adolescents. Panton (1979) also used the MMPI to measure religious identification with a state prison population. His

findings indicated that maladjusted inmates were more likely to present histories of little or no religious identification and participation in religious activities prior to imprisonment, whereas adjusted inmates often would present histories of religious indentification and participation prior to incarceration.

Bradford (1978) found somewhat different results when studying religious orientation and mental abnormality using undergraduate students. His religious orientations included: intrinsic religious, extrinsic religious, indiscriminately proreligious, and indiscriminately irreligious. Utilizing Hugo's short form of the MMPI, analysis of the data indicated that there were no significant differences between the religious orientations, nor between the interaction of religious orientation and gender.

An examination of the research reveals that the MMPI has been a popular tool to measure the correlation between religion and mental health. The present study was designed to investigate how people with different levels of religiousness score on the MMPI.

METHOD

Subjects. A total of 62 students participated in this research. Participation included 34 students from The University of West Florida (UWF), and 28 students from Pensacola Junior College (PJC). Ages ranged from 18 to 54. The median age was 21. All subjects were volunteers and were treated in accordance with the ethical standards of the American Psychological Association.

Originally, 214 subjects were chosen from the 1980-81 UWF Directory (every 25th person). Each potential subject was sent a letter requesting his/her volunteer participation (see Appendix A). The letter stated that the purpose of testing was to discover various personality traits of college students. The test site was a reserved classroom at the UWF main campus. Only six appeared for testing. After completion of testing, each student had the option of receiving personal feedback on his/her test results.

The next group of subjects consisted of volunteers from a UWF class entitled, "Psychology for Non-Majors." The last group of subjects consisted of volunteers from a PJC class entitled, "Introduction to Psychology." Each class was a psychology elective, designed for

students having a general interest in psychology. The test site was the classroom where the course was being taught.

All subjects were administered the MMPI, Form R test consisting of 399 items. The Form R test includes all component items on the basic scales in the standard profile. Dahlstrom, Welsh, and Dahlstrom (1972) state that the means on all the scales give essentially identical psychological results between the 399-item, Form R, and the regular 550-item MMPI. Each subject also rated and rank ordered certain values. This rating and ranking determined the level of religiousness in which they were placed.

Procedure. Prior to testing, the instructions found in the MMPI booklet were read to the subjects. After completing the MMPI, subjects rated and rank ordered eight values. The order of presentation for the eight values was determined by randomization. The presentation of values from first to last included the following: leisure (exercising, community involvement, sports); friends; financial security; power; social recognition (admiration, respect); religion; career (or preparation of one); and family (see Appendix B). Those rank ordering religion as one, two, or three were considered "high religious." Those rank ordering religion as four or five were considered "moderate religious,"

and those rank ordering religion as six, seven, or eight were considered "low religious."

The rating of values had to correlate with the rank ordering of values before a subject's test results were used. For example, subjects placed into the high religious category had to rate religion as extremely important to be included in that category, along with rank ordering religion as one, two, or three. If a subject rank ordered religion as one, and rated it as moderately important, then his/her test results were not used. Similarly, those placed into the moderate religious category had to not only rank order religion as four or five, but also had to rate it as moderately or somewhat important. Finally, those placed into the low religious category had to not only rank order religion as six, seven, or eight, but also had to rate it no higher than somewhat important.

The rating of values was used as a safeguard to ensure better and more accurate divisions of religiousness. This method eliminated the test results of nine subjects. Two other MMPI test results were eliminated because their F minus K validity check was not within range as used by Newmark (1979). Another MMPI test result was eliminated because too many questions were left unanswered.

Consequently, 50 of the original 62 subject's test results were used in the final analysis. The grouping was as follows: 2, high religious, 11 moderate religious, and 16 low religious.

RESULTS

An analysis of variance and the Duncan's multiple-range test were used to analyze the data. Analysis of variance revealed no significant differences of the validity scales. Analysis of variance did reveal a significant difference on the Depression scale (Scale 2), F (2, 47) = 5.14, $p < .01$, although no significant differences appeared on the other scales (see Table 1). Duncan's multiple-range test further revealed for Scale 2 that there was no significant difference between moderate and low religious categories, but there was a significant difference between high and moderate religious categories ($p < .05$), as well as between high and low religious categories ($p < .05$). The means for high, moderate, and low religious categories were 49.87, 57.28, and 60.00 respectively.

Table 1

Analysis of Variance

	F	P
Scale L	1.52	.23
Scale F	.19	.83
Scale K	2.38	.10
Hypochondriasis	.78	.46
Depression	5.14	.01
Hysteria	.45	.64
Psychopathic deviate	2.02	.14
Masculinity-femininity	.21	.81
Paranoia	1.78	.18
Psychasthenia	.55	.58
Schizophrenia	1.00	.38
Hypomania	.73	.49
Social introversion	1.16	.32

DISCUSSION

Contrary to personality theorists who view religion's effect upon people as negative, the results of this study show no more psychopathology among high religious people than among low religious people. This correlates with the study of Richek and Reid (1971) who stated that there was no relationship between religious authoritarianism and psychopathology among college undergraduates. The only significant difference from the current study occurred on the Depression scale (Scale 2), where the high religious scored significantly lower than the moderate religious and low religious. This correlates with the study of Mayo, Puryear, and Richek (1969) who found less depression among religious males.

Assuming the difference from the Depression scale was not due to chance, it is interesting to examine Scale 2 more closely.

Scale 2 purports to measure symptomatic depression, which is a general attitude characterized by poor morale, lack of hope in the future, and general dissatisfaction with one's own status (Hathaway & McKinley, 1942). The major content areas of Scale 2 deal with a lack of interest in activities expressed as general apathy, physical symptoms

including sleep disturbances and gastrointestinal complaints, and excessive sensitivity and lack of sociability (Dahlstrom, Welsh, & Dahlstrom, 1972). Scale 2 is also thought to measure reactive or exogenous depression rather than endogenous depression. Consequently, scores are expected to fluctuate as the client's mood changes (Greene, 1980).

It is interesting to examine the questions pertaining to religion on Scale 2. The three major religious-oriented questions found on Scale 2 are: "Everything is turning out just like the prophets of the Bible said it would;" "I go to church almost every week;" and "I believe in the second coming of Christ." A negative response to any of these questions results in a raw score for depression. Consequently, a person could accumulate three raw score points. From these religious-oriented questions, an evaluation of the data revealed that of the three possible raw score points, the mean scores for the high, moderate, and low religious categories were .38, 1.09, and 2.00 respectively. Although Dahlstrom, Welsh, and Dahlstrom (1975) state that there is little dependable evidence available that any appreciable variance in scores on the basic MMPI scales is attributable to membership in formal religious groupings in this country, these results indicate a possible need for further research in this area.

Broen (1955) stated that individuals reporting extensive religious involvement, a high frequency of religious

participation (prayers, church attendance, etc.), or deep religious beliefs generally report less depression on Scale 2 than do comparable test subjects who report either relatively little participation in formal religious services or express agnostic/atheistic religious beliefs. The results of the current study seem to also confirm this.

It cannot be automatically inferred that low religious people are considerably more depressed than high religious people. What can be inferred from this study, however, is the presence of several variables which appear to boost a person's morale and increase their self-esteem. Perhaps high religious people have a greater or different degree of "hope" than others. This hope could be based upon their belief in everlasting life and eternal rewards. Furthermore, high religious people may have greater self-esteem than others, because the church teaches that they are made in the "image of God." Lastly, the allegiance to a definite religious-value system may contribute to purpose and meaning in life.

Continued studies in the area of religion and mental health should include larger sample sizes. In addition to sample variables, it would be interesting to compare identifiable religious groups with atheist/agnostic groups on an instrument like the MMPI. By studying extremes of religiousness, potential differences in psychopathology could more likely emerge.

Religion definitely influences people. Is the influence positive or negative? In this study on all MMPI scales, except the Depression scale, no significant differences occurred. Additional research is required to determine more accurately the specific effects of religion on personal mental health.

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